### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: BELL THERAPY SILVERLAWN (310673)

Address: 5554 N 57TH ST, MILWAUKEE, WI 53218

**License Status: REGULAR** 

Licensed/Certified/Registered 12/01/1992

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

#### **Survey History**

Survey ID: 0091602 End Date: 09/30/2003 Type: STANDARD Purpose: SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10008937 Served 12/02/2003

		<u>Compliance</u>	
<b>Deficiencies Cited</b>	Subject Area	<u>Veri fied</u>	Corrected
83.05(2)(a)	CLASS A AMBULATORY (AA)	01/16/2004	Yes
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	01/16/2004	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.43(3)(b)2	TESTING OF SMOKE DETECTORS		
83.43(4)(b)1.d	COMMON USE ROOMS SMOKE DETECTOR	01/16/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Enforcement History** 

Date: 12/01/2003 SOD #10008937 Appealed: Yes Decision: DISMISSED

**Sanctions** 

OTHER SANCTION FORFEITURE---83.19(1)(d)

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